

Best Available Copy

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS						SERIAL NO.		FILING DATE	
						APPLICANT(S)			
AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	*	*	*
	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.
1					51				
2					52				
3					53				
4					54				
5					55				
6					56				
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41					91				
42					92				
43					93				
44					94				
45					95				
46					96				
47					97				
48					98				
49					99				
50					100				
TOTAL IND.	7				TOTAL IND.				
TOTAL DEP.	15	←	←	←	TOTAL DEP.	←	←	←	←
TOTAL CLAIMS	22	[REDACTED]	[REDACTED]	[REDACTED]	TOTAL CLAIMS	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]